

FUNCTION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	12/12	32	1/15
FORMALITY REVIEW	H.S.	866	01.12.001
RESPONSE FORMALITY REVIEW	T2	30947	05/02/01

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### INDEX OF CLAIMS

✓ ..... Rejected  
 - ..... Allowed  
 (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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